



# Corps Network Education Award Program

## Determination of Economic Status

### Prior to Joining CCC

#### PURPOSE OF FORM:

This form is used to determine a corpsmember's eligibility for a Corps Network Education Award if the corpsmember separates from the CCC Program, prior to the conclusion of his/her term of service, to take gainful employment. A corpsmember who separates to take gainful employment is only eligible to receive a partial Corps Network Education Award if, prior to enrolling in the CCC, the corpsmember was: 1) unemployed; and, 2) economically disadvantaged. Corpsmembers must fill out this form prior to being enrolled in the Corps Network Education Award Program (EAP).

#### QUESTIONS:

1) Were you unemployed in the month prior to enrolling in the CCC? Yes \_\_\_\_ No \_\_\_\_

For the purposes of this question, the term **"unemployed"** refers to individuals who did not have paid, regular employment or were not serving in the military/National Guard within the month prior to enrolling in the CCC program.

*If you answered "no" to this question, answer no more questions, sign and date below, and return this form to the corpsmember development staff member who gave it to you. If you answered "yes," please answer the following questions:*

2) Did anyone (parent, legal guardian, grandparent, legal spouse) claim you as a dependent in the month prior to you enrolling in the CCC? Yes \_\_\_\_ No \_\_\_\_

In the month prior to enrolling in the CCC:	Answer in this column if you answered "YES" to Question 2	Answer in this column if you answered "No" to Question 2
a) Did you or anyone in your household receive or qualify to receive Temporary Assistance for Needy Families (TANF)?		
b) Did you or anyone in your household receive or qualify to receive Food Stamps (CalFresh in California)?		
c) Did you or anyone in your household receive or qualify to receive Medicaid?		
d) Did you or anyone in your household receive or qualify to receive State Children's Health Insurance Program (SCHIP)?		
e) Did you or anyone in your household receive or qualify to receive Section 8 Housing Assistance?		

I certify that the above information is correct and that I can and will provide documentary proof of benefits status to the California Conservation Corps, the Corps Network, the Corporation for National and Community Service or any governmental auditing agency reviewing the AmeriCorps and/or Corps Network Education Award Program upon request.

Member Signature \_\_\_\_\_ Dated \_\_\_\_\_